

## FAX COVER SHEET

FAX NUMBER 17038729306

FROM Thomas M. Isaacson

DATE 2004-11-26 21:26:06 GMT

RE Application No.: 09/650,355

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NOV 26 2004

### COVER MESSAGE

Art Unit: 2611

Attorney Docket: 1999-0522A

Dear Sirs:

Please find attached a response in the above-referenced case.

Respectfully submitted,

The Law Office of Thomas M. Isaason

Customer Number: 40271

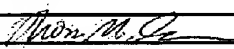
PTO/ISS/21-(08-03)

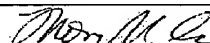
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/650,355	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>NOV 26 2004</b>
	Filing Date	August 20, 2000	
	First Named Inventor	Andrea Besso	
	Art Unit	2811	
	Examiner Name	Son P. Huynh	
Total Number of Pages in This Submission	Attorney Docket Number	1999-0522A	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD; Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal/Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Thomas M. Isaacson, Reg. No. 44156	
Signature		
Date	November 26, 2004	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Thomas M. Isaacson	
Signature		Date November 26, 2004

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